Southcentral Foundation
Nuka System of Care

Alaska Native People Shaping Health Care
New Directions in the Assessment of Community Health and Organizational Redesign

Presenters: Steve Tierney, MD

Health Care – Then and Now

"Blockbuster vs. Netflix"

- ⑩ Is making good money also good business?
- ⑩ What is role of Healthcare in the community?
- ⑩ What happens to market bubbles?
- ⑩ Have you heard of "medical tourism"?

Approaching the Philosophic Thought Process of Redesign

- Outcome not income
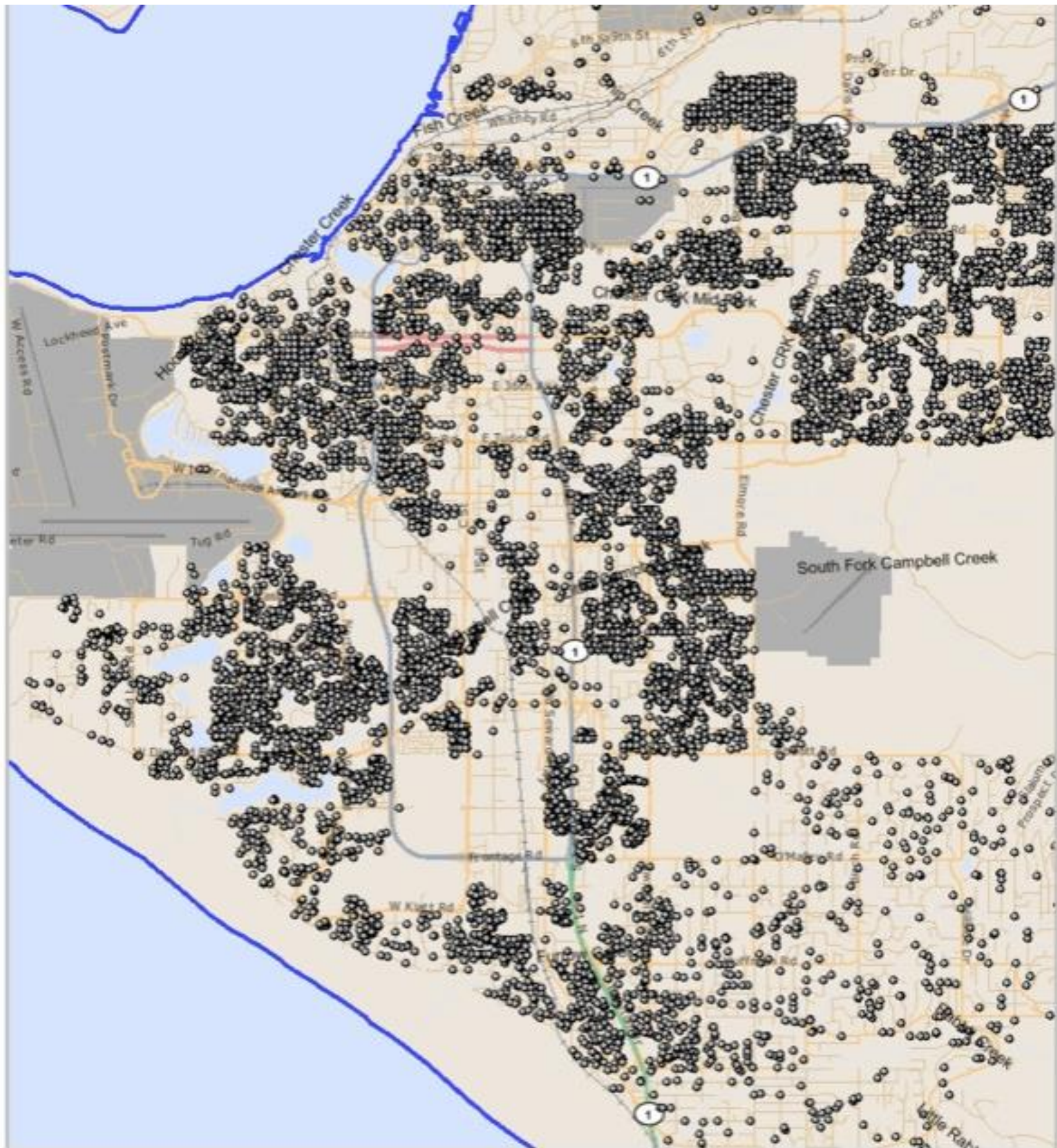- Person not disease
- Population not process
- Service not product

The "Practice of Change"

- ⑩ Thinking of the health system as a "patient"
- ⑩ Changes are "drugs, procedures or surgeries"
- ⑩ Healthcare leaders are "attending providers"
- ⑩ All interventions have intended and unintended consequences and may interact with other interventions much like drugs
- ⑩ Establish sets of chronic, and preventive treatments with acute "illness" treatment contingencies
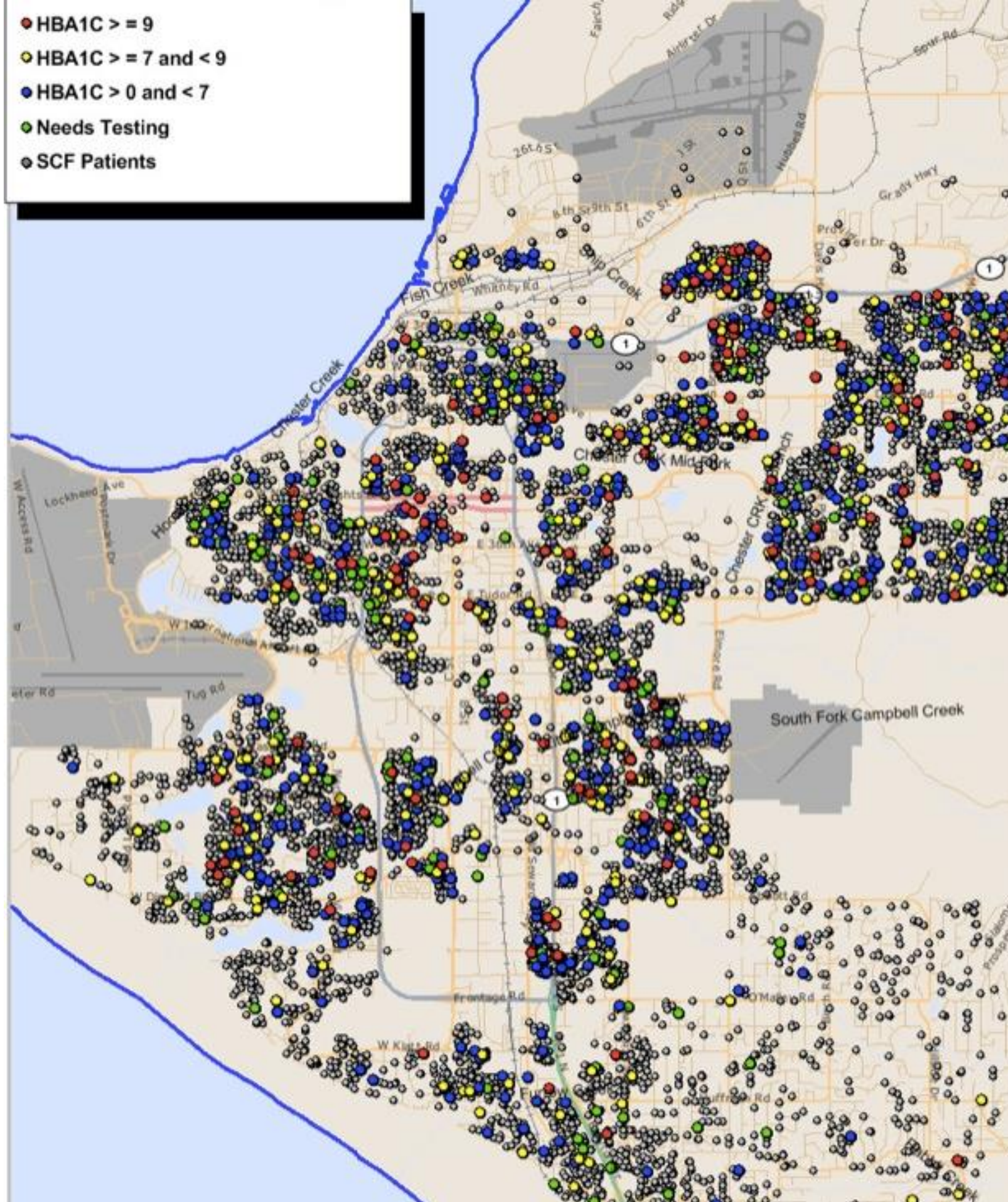
"What would you do if you knew that?"

- That 10% of the population uses 70% of resources
- That healthcare costs are 18% of the US GDP
- That your healthcare utilization has little to do with your diagnosis
- That US companies add about 30% to the salary of each employee to cover benefits like healthcare, which is inflating at 10%/year

HBA1C >= 9
HBA1C >= 7 and < 9
HBA1C > 0 and < 7
Needs Testing
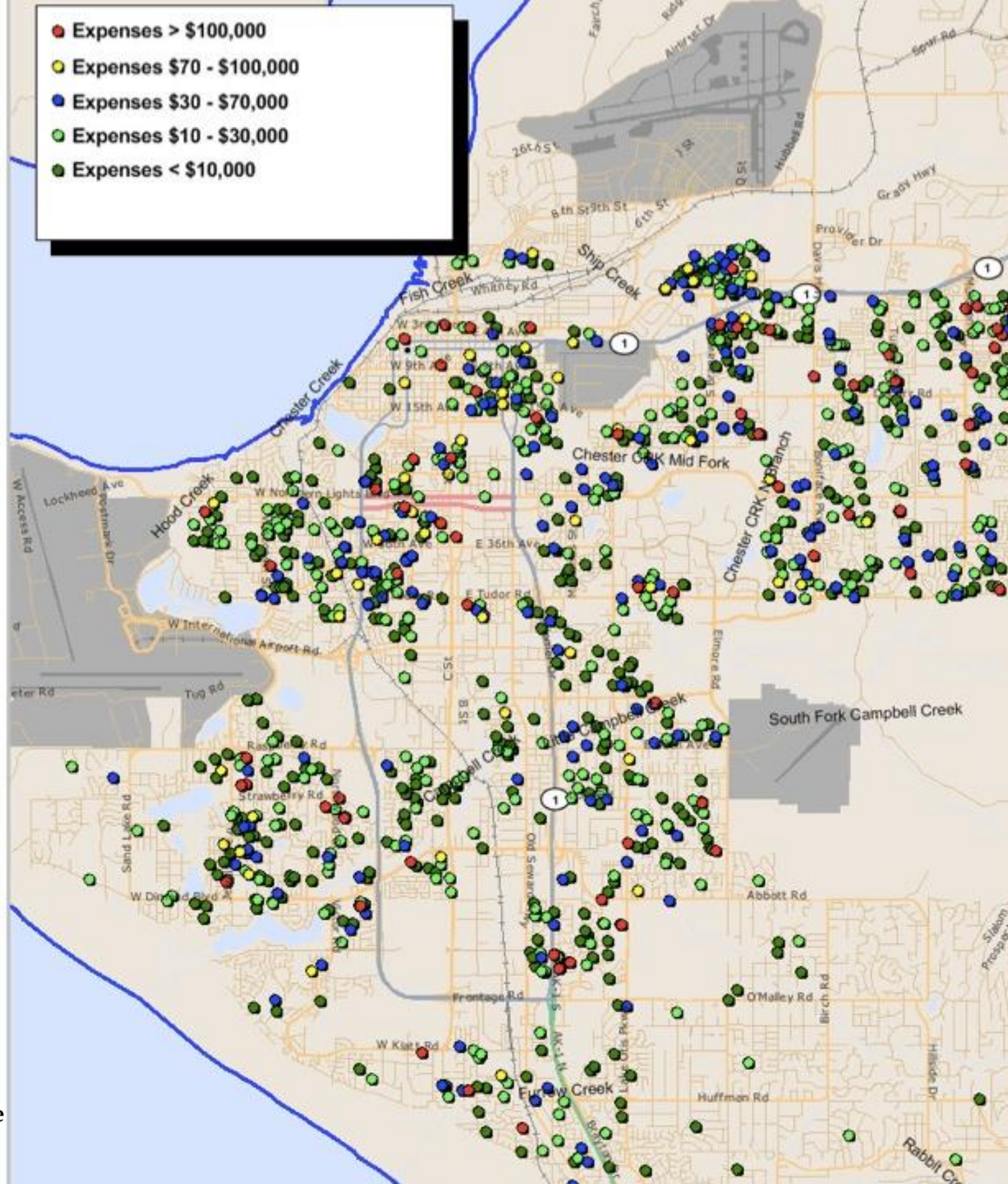SCF Patients

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Legend:
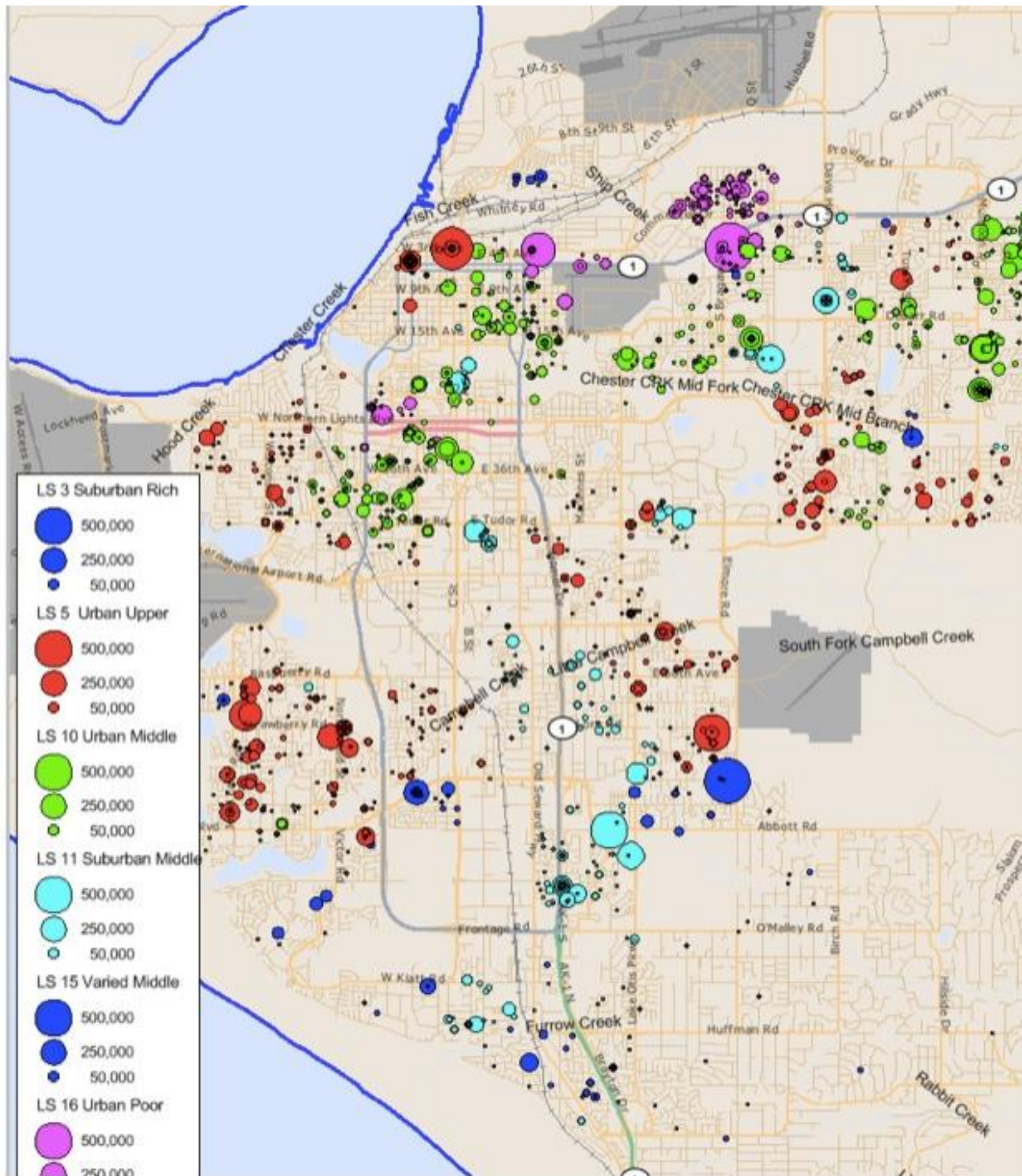- Expenses > $100,000
- Expenses $70 - $100,000
- Expenses $30 - $70,000
- Expenses $10 - $30,000
- Expenses < $10,000

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LS 3 Suburban Rich
LS 5 Urban Upper
LS 7 Rural Upper
LS 10 Urban Middle
LS 11 Suburban Middle
LS 15 Varied Middle
LS 16 Urban Poor

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LS 3 Suburban Rich
- 500,000
- 250,000
- 50,000

LS 5 Urban Upper
- 500,000
- 250,000
- 50,000

LS 10 Urban Middle
- 500,000
- 250,000
- 50,000

LS 11 Suburban Middle
- 500,000
- 250,000
- 50,000

LS 15 Varied Middle
- 500,000
- 250,000
- 50,000

LS 16 Urban Poor
- 500,000
- 250,000

Segmentation of Data

Southcentral Foundation HEDIS Diabetes Eye Exam Scores

HEDIS Scores for the Period Ending 11/13/2010

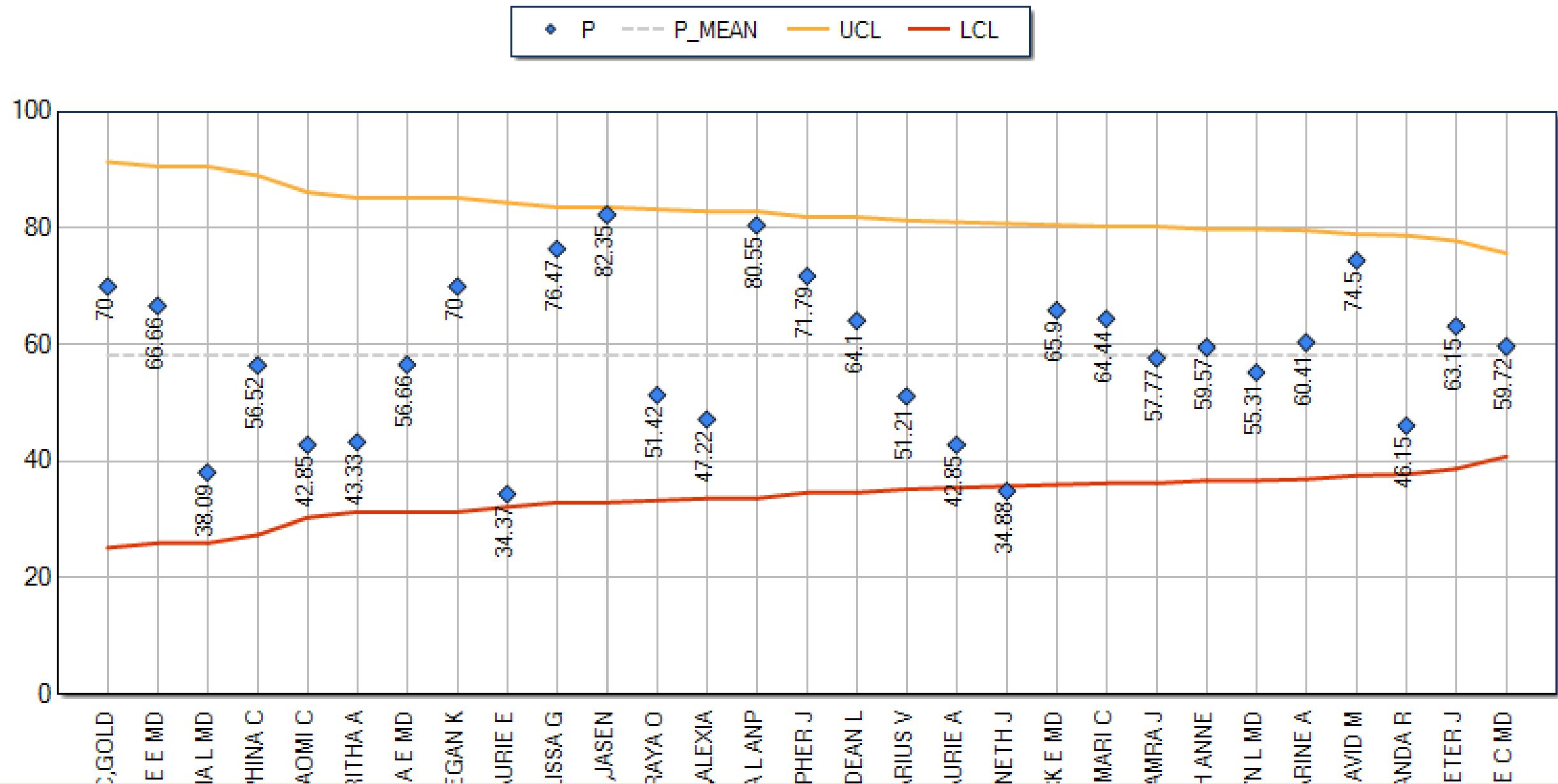**2009 HEDIS Medicaid Percentiles:** | 50th %: 55.36 | 75th %: 62.3 | 90th %: 70.8

Organization	Clinic	Team	Provider	Numerator	Denominator	% Screened
SCF				696	1194	58.3 %
	Family Medicine			660	1104	59.8 %
		⊞ 1 East		79	157	50.3 %
		⊞ 1 West		89	160	55.6 %
		⊞ 2 East		123	210	58.6 %
		⊞ 2 West		111	176	63.1 %
		⊞ 3 East		134	207	64.7 %
		⊟ 3 West		124	194	63.9 %
			JAMES,DAVID M	38	51	74.5 %
			KANTOR,LINDA L ANP	29	36	80.6 %
			LINFIELD,JANA L	16	19	84.2 %
			NORRIS,KENNETH J	15	43	34.9 %
			WRIGHT,TAMRA J	26	45	57.8 %

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Comparison Charts to Identify Best Practices

Diabetes Eye Exam (20 or More Diabetic Patients)

Interactive Condition Centered Action Lists For All Metrics

Diabetes Action List

Links to Documentation: **Report Methodology**

Data Resolution/Error Correction Process

Diabetic Patient Status as of Week Ending: 3/13/2009

| HRCN ⬍	Patient ⬍	New Diabetic (< 90 Days) *Click Link to see Diagnosis Details!*	Sex ⬍	Age ⬍	HBA1C Result ⬍	HBA1C Date ⬍	Most Recent LDL Result ⬍	LDL Date ⬍
Ko, Patricia A			Total Diabetic Patients: 47					
72048	Abbasi, Darren	No	M	71	5.8	2009/01/13	67	2009/01/13
42457	Abell, Frederick	No	M	67	6.3	2009/03/06	86	2009/03/06
12916	Allen, Marcus	No	M	82	6.4	2008/06/03	129	2008/06/03
72098	Armston, George	No	M	81	5.3	2008/12/01	90	2008/12/01
1192	Bark, Samuel	No	M	85	6.9	2009/01/22	110	2009/01/22
45979	Bevis, Michael	No	M	76	5.7	2009/03/09	79	2009/03/09
32158	Black, Lewis	No	M	36	6.3	2009/03/03	116	2008/11/15
19202	Caldwell, Charlotte	No	F	80	5.8	2009/02/23	93	2009/02/23
84893	Evarza, Wallace	No	M	40	5.7	2008/06/24	113	2008/06/24
61328	Ferris, Adam	No	M	40	6.8	2009/02/12	86	2009/02/12
19492	Gafford, Joseph	No	M	41	6.3	2008/03/31	64	2008/03/31

Fictitious Customer Owner Info

Provider Performance with Benchmarks Over Time

Historical Measure Scores

Comprehensive Diabetes Care - Eye Exams - LINFIELD,JANA L
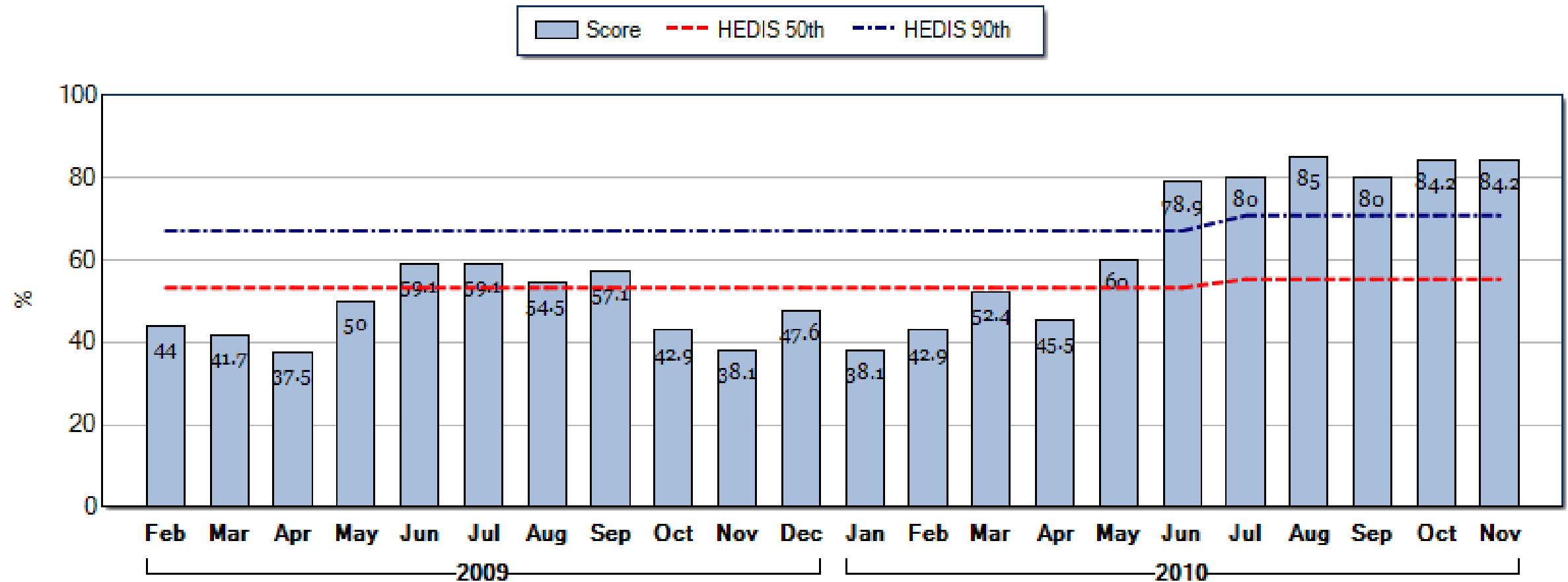
SCF Team Dashboard

Scores as of: 9/6/2014   **Link to Historical Scores**

PROVIDER: Tierney, Steve J, MD	Customers in Panel: 146	HEDIS Percentile Benchmarks					
HEDIS Measure Name	Provider Score	Below 50th	50th – 74th	75th – 90th	90th or Above	Measure Denominator	SCF Score
Screening - Breast Cancer	61.5	< 51.53	51.53	57.85	62.88	39	52.70
Screening - Cervical Cancer	59.4	< 66.38	66.38	71.91	76.64	32	61.20
Screening - Colorectal Cancer	75.9	< 64.15	64.15	69.82	75.00	58	62.90
Condition Management - Diabetes Annual HbA1c	100.0	< 83.21	83.21	87.32	90.97	11	92.00
Condition Management - Pediatric Diabetes Annual HbA1c	0.0	< 83.21	83.21	87.32	90.97	0	79.20
Condition Management - Diabetes Poor Control	27.3	> 43.02	43.02	35.76	31.14	11	23.70
Condition Management - Diabetes LDL < 100 mg/dL	63.6	< 34.69	34.69	40.03	43.80	11	44.90
Condition Management - Controlling Hypertension	43.2	< 56.20	56.20	62.97	69.55	44	57.10
Condition Management - CVD LDL Screening	100.0	< 82.37	82.37	85.25	88.84	5	76.10
Condition Management - CVD Control < 100 mg/dL	80.0	< 41.80	41.80	47.51	54.06	5	47.00
Prevention - Immunizations less than 2 years old Combo 2	0.0	< 76.89	76.89	81.74	85.40	0	52.50

PROVIDER: Tierney, Steve J, MD	Customers in Panel: 146			
Non-HEDIS Measure Name	Provider Score	SCF Goal	Measure Denominator	SCF Score
Screening - SBIRT	38.9	75.00	126	42.80
Screening - Depression	40.5	75.00	126	46.50
Screening - ASQ Less Than 1 yr	0.0	75.00	0	86.70
Screening - ASQ Less Than 2 yr	0.0	75.00	0	76.30
Screening - ASQ Less Than 3 yr	0.0	75.00	0	60.60
Screening - Pediatric BMI	83.3	71.56	12	77.50
Prevention - Immunizations less than 3 years old CDC	0.0	71.9	0	65.20
Operations - Provider/Patient Match Rate	100.00	70.0	146	54.72

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Perspective	Objectives	Measure	FY2014	Score	Below Minimum	Annual	Stretch
Customer-Owner			*Q2 Includes only January 2014				
	SR2	Overall Rating of Care (customer-owner satisfaction)	*Q2	99%	< 95%	95%	99%
	SR1	Culturally Respectful (customer-owner satisfaction)	*Q2	99%	< 95%	95%	99%
	SR2	Recommended Provider (customer-owner satisfaction)	*Q2	99%	< 95%	95%	99%
	SR2	Input into my Care Decisions (customer-owner satisfaction)	*Q2	99%	< 95%	95%	99%
Financial & Workload							
	OPE3	Operating Margin (excluding Investments & Restricted Funds)	Q1	2.7%	< 0.0%	> -0.8%	> 2.4%
	OPE3	Net Revenue (Third Party Revenue)	Q1	$26.70	< $28.9	> $28.9	> $30.3
	OPE3	Investment Earnings (Fixed Income)	Q1	0.63%	< 0.17%	> 0.17%	> 1.17%
	OPE3	Investment Earnings (Equity Mutual Funds)	Q1	2.47%	< 3.50%	> 3.50%	> 3.75%
Operational Effectiveness			*Q2 Includes only January 2014				
	FMW1	Pediatric Immunization Combo 2	*Q2	67%	< 72%	72%	n/a
	FMW2	Breast Cancer Screening Rate	*Q2	49%	< 58%	58%	63%
	FMW2	Cervical Cancer Screening Rate (with new HPV screen considered)	*Q2	78%	< 72%	72%	77%
	FMW2	Colorectal Cancer Screening Rate	*Q2	63%	< 70%	70%	75%
	FMW3	PrimeMD Depression Screening Rate	*Q2	81%	< 75%	75%	n/a
	FMW5	SBIRT Screening Rate	*Q2	77%	< 75%	75%	n/a
	FMW6	Diabetics with A1C in Poor Control (Lower is Better)	*Q2	25%	> 36%	36%	31%
	FMW6	Diabetics with LDL in Control	*Q2	45%	< 40%	40%	44%
	FMW6	Diabetics Annual HBA1C Screening Rate	*Q2	89%	< 87%	87%	91%
	FMW8	Adult Pneumovac (Age 65+)	*Q2	84%	< 62%	62%	n/a
	SR2	Inpat Discharges/1,000 member months for Empaneled (Lower is Better)	*Q2	7	> 7	7	6
	SR2	Visits/1,000 member months to ER for Empaneled (Lower is Better)	*Q2	38.5	> 54	54	45
	SR2	Percent of time you see your PCP	*Q2	58%	< 60%	60%	n/a
Workforce Development			*Q2 Includes only January 2014				
	CQ3	Percent of Alaska Native/American Indian Employees	*Q2	56%	< 55%	55%	60%
	CQ3	Percent of Alaska Native/American Indian Hire	*Q2	71%	< 67%	67%	71%
	CQ1	Total Turnover Rate (Lower is Better)	*Q2	11%	> 14%	14%	10%

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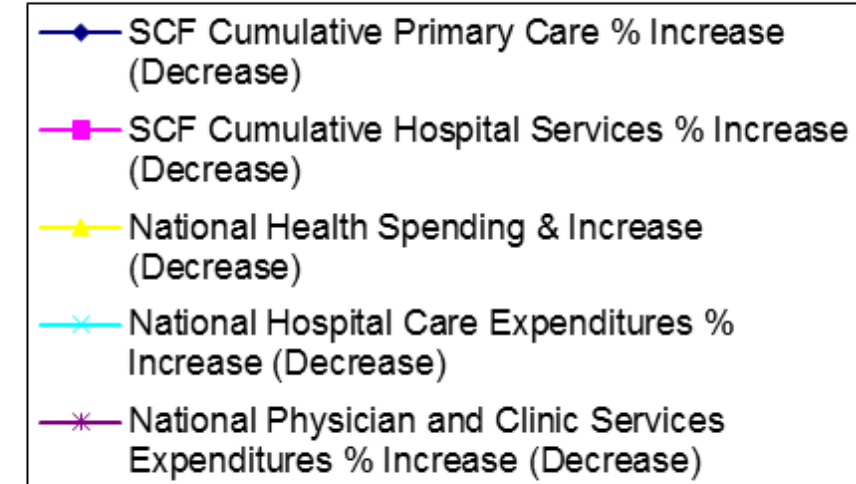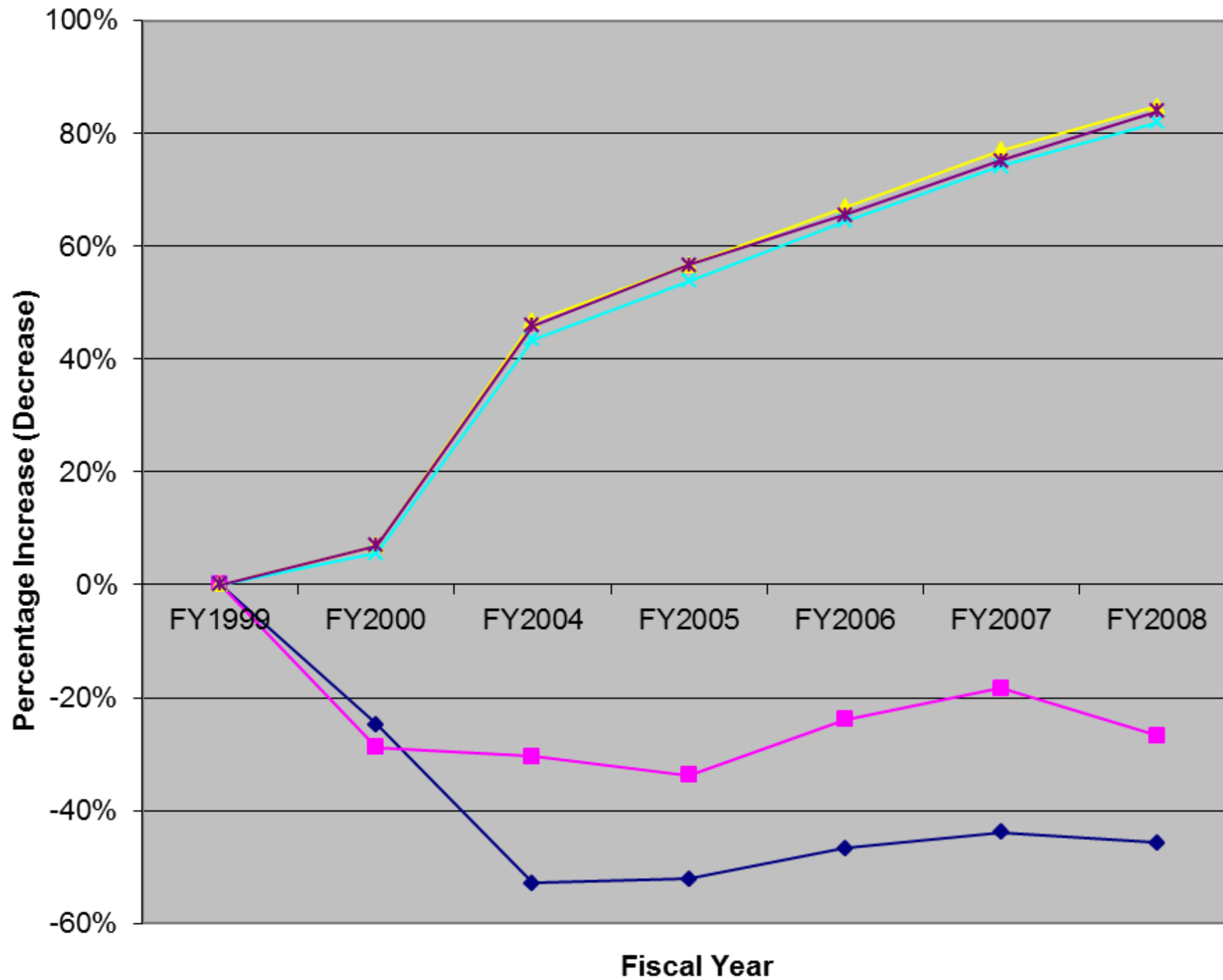
"Apples, Oranges and Reptiles"

1. Have you ever heard "you should do it, its a best practice"?
2. Have you ever heard "all diabetics should get that"?
3. Have you ever seen a cost report based on spending by disease?
4. Have you ever done improvement for one disease and then found out another did worse?
5. Have you ever applied a rule that just did not seem to make sense?
6. Have you ever done everything right only to watch things go wrong?
7. Have you ever made a rule, created a pathway or instituted a process only to see the very people you created it for ignore it?
8. Have you ever heard "we need more training"?

10 Tips for Redesign

1. Never disturb the workforce without clear cause and plan. No plan is better than a bad plan
2. Always design for what happens 85% of the time for 85% of events
3. Always create methods to identify exceptions to "85/85" so appropriate adjustments can occur
4. Always design second and third level plans for exceptions to the "85/85 rule" rather than primarily over over-designing for all events
5. Always analyze before repair, look for patterns or clusters, remember rule #1
6. Always when improving, extremes of performance are more instructive than averages to quantify progress. Segmentation is critical, trends are more important than current performance
7. Never train entire groups when you can target only those at variance
8. Always intervene from the "back not the front" where possible. Identify those doing well and recall rule #1. Always fix what is broken. Always spread what works
9. Always, the first step in change is to design the ability to measure. Never intervene without it
10. Never build a pathway without attaching a measure that can be applied to the entire denominator without reviewing charts or requiring individual case review. Pathways are not measures. They "suggest" visit based, provider driven decisions.